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CONFIRMATION NO. 9192

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| SERIAL NUMBER 09/412,082 | FILING OR 371(c) DATE 10/04/1999 RULE | CLASS 606 | GROUP ART UNIT 3772 | ATTORNEY DOCKET NO. 008810-20021 |
| APPLICANTS GARY KARLIN MICHELSON, VENICE, CA; <i>OK M.B.</i> ** CONTINUING DATA ***** This application is a CON of 08/480,904 06/07/1995 PAT 6,210,412 ** FOREIGN APPLICATIONS ***** <i>None M.B.</i> | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 10/25/1999 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>M.Brown</i> <i>M.B.</i> Examiner's Signature Initials | | STATE OR COUNTRY CA | SHEETS DRAWING 6 | TOTAL CLAIMS 21 INDEPENDENT CLAIMS 1 |
| ADDRESS 22882 | | | | |
| TITLE METHOD FOR INSERTING FRUSTO-CONICAL INTERBODY SPINAL FUSION IMPLANTS | | | | |
| FILING FEE RECEIVED 810 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |